



**SCOTT TOWNSHIP**  
**301 LINDSAY ROAD, 2<sup>ND</sup> FLOOR**  
**SCOTT TOWNSHIP, PA 15106**  
**(412) 276-5300**

Employment Application  
*An Equal Employment Opportunity Employer*  
*The Township of Scott recognizes and embraces the concept of equal employment opportunity. It is the Township's policy to recruit and hire all persons without regard to race, color, religion, sex, national origin, marital status, age or non-job related physical or mental handicap or disability.*

**APPLICANT INFORMATION**

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a valid PA driver's license?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, enter number:	
Do you have a CDL Drivers License?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, enter class:	
Have you ever been convicted of a crime or felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:	

**EDUCATION**

High School	Address
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College	Address
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other	Address
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

Other education, training, skills or machines you can operate:

**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

**PREVIOUS EMPLOYMENT**

Company \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

Company \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

Company \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

**MILITARY SERVICE**

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

If other than honorable, explain \_\_\_\_\_  
If you are a veteran, please list date of discharge: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_ Date \_\_\_\_\_